

**BUSINESS ORGANIZATION
PARTNERSHIP OR SOLE PROPRIETOR**

Name of Entity	
Address	
Telephone Number	
Fax Number	
Email Address	
Contact Person	
Title	
Tax ID #	
Form of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (please describe) _____	
Years in Business	

OWNERSHIP			
Names and Addresses of Each Partner or Sole Proprietor	Percentage of Ownership	Current Value of Business	Role in Providing Concession Services

Attach:

Any other information necessary to answer the questions posed in Principal Selection Factor

**BUSINESS ORGANIZATION
CORPORATION OR LLC**

Complete separate form for the submitting corporation and the parent corporation (include all partners in a joint venture).

Name of Entity	
Address	
Telephone Number	
Fax Number	
Email Address	
Contact Person	
Title	
Tax ID#	
State of Incorporation	
Date of Incorporation	

OWNERSHIP	NUMBER AND TYPE OF SHARES OR PERCENTAGE OF OWNERSHIP	CURRENT VALUE OF INVESTMENT
Names and Addresses of those with controlling interest or key principals of corporation		
Total of All		
Total Shares Outstanding		

CORPORATE OFFICERS AND BOARD OF DIRECTOR	ADDRESS	TITLE AND/OR AFFILIATION

Attach:

1. Certificate from state of incorporation indicating that the corporation is in "Good Standing."
2. Any other information necessary to answer the questions posed in Principal Selection Factor